

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

TRANSCRIPT REQUEST FORM (TRF)

DATE REQUESTED: _____

CASE INFORMATION

CASE NAME: _____ CASE NO.: _____

DESCRIPTION OF HEARINGS(S) (Include Docket Entry Number(s)) _____

COURT REPORTER'S NAME: _____

AND/OR ☐ ELECTRONIC RECORDING(S)

ORDERING PARTY

NAME/TITLE : _____

LAW FIRM: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP : _____

E-MAIL ADDRESS: _____

PHONE: _____ FAX: _____

PARTY REPRESENTED: _____

REPRESENTATION TYPE: (Check One)

- | | | |
|---|--|---|
| <input type="checkbox"/> RETAINED | <input type="checkbox"/> CJA APPOINTMENT | <input type="checkbox"/> PRIVATE INDIVIDUAL |
| <input type="checkbox"/> U.S. ATTORNEY'S OFFICE | <input type="checkbox"/> FEDERAL DEFENDER SERVICES | |

TRANSCRIPT FORMAT REQUESTED: (Check all that Apply)

- ☐ PAPER-FULL PAGE ☐ PAPER-CONDENSED ☐ PDF ☐ E-TRANSCRIPT© OTHER

SERVICE TYPE REQUESTED: ☐ 1-DAY ☐ 7-DAY ☐ 14-DAY ☐ 30-DAY

INSTRUCTIONS/COMMENTS: _____

